

Exhibit N
Medical File
Record of Medical Examination dated June 7, 2006

LEE COUNTY SHERIFF'S DEPARTMENT RECORD OF MEDICAL EXAMINATION

(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 06/07/06
3. Time: 1000
4. Reason treatment was needed: 7th of RT 4th & 5th
Finger
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? Dr. Hellyer @ Bld 18
8. Was inmate treated at the jail? yes
9. Who examined the inmate? Dr. John McFarland
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/examination: Sp 4 & 5th - distal phalanx
2. Prognosis: Fair - Good
3. Is additional treatment needed? yes If so, please specify if other than medication:
Had therapy
4. Medication prescribed: Ant. Aspirin
5. Special instructions for administration: _____
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):
Spending for protection
Mr. Allen

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)